

COUNCIL OF GOVERNORS

Date: 11th August 2022

Time: 17:30 – 19:00

Venue: Zoom



AGENDA

TIME	SUBJECT	LEAD	PROCESS	EXPECTED OUTCOME
17:30	1. Welcome and Introductions	Chair	Verbal	To note
	2. Apologies of Absence	DCG	Verbal	Apologies noted
	3. Declarations of Interest	Chair	Verbal	To note declarations of interest in relation to items on the agenda
17:35	4. Minutes of meetings held 9 th June 2022	Chair	Minutes	To approve the previous minutes
	5. Matters arising	Chair	Verbal	To address matters arising not covered on the agenda
17:40	6. Chair's update	Chair	Presentation	To receive a report on current issues
17:45	7. Equality and Diversity	Associate Director – Organisational Development	Presentation	To note
18:15	8. 2022/23 Strategic Programme	Director of Strategic Transformation/ Deputy Director of Strategy	Report/ Presentation	To receive and note
18:45	9. Election Update	DCG	Presentation	To note
18:50	10. Feedback from Governor sub-committees: <ul style="list-style-type: none"> Governor Quality Committee <i>(No Governor Strategy held)</i>	Sub-Committee Chair	Verbal	To note
	11. Proposed resolution : that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted			
	12. Any Other Business	Chair	Verbal	To discuss
19.00	13. Close			

Date of next meeting: 8th December 2022

Meeting: **Council of Governors Meeting**
 Date: **Thursday 9 June 2022**
 Time: **17:30-19:30**
 Venue: **Via Zoom**

PRESENT:

Donna Hall	Chair	DH
Alan Yates	Public Elected Governor	AY
Ann Schenk	Appointed Governor	AS
David Barnes	Public Elected Governor	DB
David Edwards	Public Elected Governor	DE
Dawn Hennefer	Appointed Governor	DH
Derek Burrows	Public Elected Governor	DB
Iqbal Essa	Public Elected Governor	IE
Janet Whitehouse	Public Elected Governor	JW
Janet Whitehouse	Public Elected Governor	JW
Janice Drake	Public Elected Governor	JD
Kantilal Khimani	Public Elected Governor	KK
Kantilal Khimani	Public Elected Governor	KK
Kevin McKeon	Appointed Governor	KM
Leigh Vallance	Appointed Governor	LV
Pauline Lee	Public Elected Governor	PL
Sue Moss	Staff Governor	SM
Tracey Holliday	Staff Governor	TH

IN ATTENDANCE:

Rebecca Ganz	Non-Executive Director	RG
Zed Ali	Non-Executive Director	ZA
Bilkis Ismail	Non-Executive Director	BI
Malcolm Brown	Non-Executive Director	MB
Tyrone Roberts	Chief Nurse	TR
James Mawrey	Director of People	JM
Sharon Katema	Interim Director of Corporate Governance	SK
Victoria Crompton	Corporate Governance Manager	VC
Jo Street	Director of Operations	JS
Rachel Noble	Deputy Director of Strategy	RN
Jo Dorsman	Neighbourhood Transformation Programme Manager	JD
Paula Klyz	Occupational Therapist North District Health and Care Team	PK

1. Welcome

The Chair welcomed all attendees to the meeting.

2. Apologies for Absence

Apologies for absence were received from Fiona Noden, Rae Wheatcroft, Sharon Martin, Francis Andrews, Jack Ramsay and Karen Morris.

3. Declarations of Interest

None.

4. Minutes of last meeting

The minutes of the meeting held on 7th April 2022 were approved as a correct record.

5. Matters Arising

There were no matters arising.

6. Chair update and report from May Board of Directors

Governors received an update from the May Board of Directors meeting noting that Board members had received updates on operational issues and maternity services. The Governance Self Certification 2022 and the ICP Business Plan were also approved.

Resolved: the update was noted.

7. Operational Update including elective recovery

The Director of Operations provided an operational update and the points were highlighted:

- There was an increase in A&E attendances during 21/22 compared to previous years and a further increase of 4% had been recorded in April 2022/23 compared to same period the previous year. - Average A&E daily attendances in the last 30 days had been 390 of which 26% of attendances were from outside of Bolton. However, A&E performance was in line with the rest of GM.
- Ambulance handovers remained the greatest challenge and an area of increased focus.
- There were 39 in-patients who had tested positive for Covid-19 none of which were in Critical Care. There were changes to Infection Prevention Control measures to bring the Trust in line with national guidance.
- Whilst there were 20 confirmed cases of Monkeypox reported in the country, there were no reported cases in Bolton.
- Cancer performance continued to be the best in GM and whilst the Trust did not achieve the 62-day standard in Q4, this was expected to be back on track for April.
- With regards to reducing attendances at A&E, it was noted that the district nursing and district therapy teams had more contacts in the month than attendances at A&E. Furthermore, the Admission Avoidance Team saw 268 patients - 74% of their referrals within two hours and prevented 134 from being admitted to hospital.

Governors discussed the number of people from outside of Bolton who were attending A&E and it was advised work was being completed to identify what areas these patients are travelling from and to understand their reasons for coming to Bolton.

Governors raised that it has been widely reported both in the press and locally directly to them, that patients were experiencing issues accessing primary care which might be impacting on A&E attendances. It was noted that the Trust was continued to advise and publicise the need for patients to contact NHS 111 prior to attending A&E and would be working to implement a national initiative whereby patients assessed via the NHS 111 service could also be scheduled for appointment in A&E minors. It is hoped this adopting this approach would manage attendances as staff would be more aware of when patients would be arriving into the department.

It was confirmed that Covid screening and regular testing for staff and patient for Covid was still taking place in the hospital.

Governors asked that the Family Care Division attend a future meeting to provide a focus on Children's services.

Family Care Division to attend future CoG to provide a focus on 0–19 service.

Resolved: Governors noted the operational update.

8. Neighbourhood Teams Update

Jo Dorsman, Neighbourhood Transformation Programme Manager and Paula Klyz, Occupational Therapist North District Health and Care Team provided a presentation on the Integrated Care Partnership (the presentation is appended to the minutes).

The Chair asked what difference being a Local Care Trust will make to the work within the neighbourhoods and it was advised that collaborative working will help to achieve good positive outcomes for patient experience.

Governors queried what communications were being completed with the public to ensure they are aware of how to access the relevant services within the neighbourhoods. It was confirmed if a patient visits their GP they will refer them if required. Communications have been completed in care homes and through word of mouth self-referrals into the service are beginning to increase. There is an aim to have a central number going forward, but this is not in place currently. The Chair commented that communication is key to the roll out of the neighbourhood working.

There was discussion around the neighbourhoods and their different needs and requirements. It was explained that each neighbourhood team will evolve differently with the make-up of each team also being not the same. It was advised that the Speech and Language Therapy Team is only small and therefore there are not enough staff to have only one person for each neighbourhood, but to provide continuity different areas have one person from the team assigned to them.

The funding model will not make any savings initially but, over time there should be a reduction in needs of patients due to the focus on health promotion.

Governors thanked Jo and Paula for an informative presentation on the Integrated Care Partnership.

Resolved: Governors noted the neighbourhood teams update.

9. Governor Elections 2022

Governors received an update on the 2022 elections noting that elections will be taking place in the Bolton North East, Bolton South East, Rest of England, All other staff and Nurses and Midwives constituencies.

Thanks was given to those Governors who would be standing down at the end of September including to Dipak Fatania and Sorie Sesay who have come to the end of their terms.

Expression of Interest for Lead Governor Role

The Director of Corporate Governance provided a presentation on the development of the Lead Governor role explaining that the duties of a Lead Governor are set out in the FT Code and Trusts must declare compliance each year and publish in the Annual Report. Currently the two Committee Chairs are undertaking this role and this is declared in the Annual Report.

The roles and responsibilities of a Lead Governor were outlined and it was advised that all other FTs within GM have a single nominated Lead Governor.

The next steps are for Governors to vote on whether they are in agreement to having a single nominated Lead Governor as opposed to having the two Committee Chairs undertaking this role as is current practice.

A lengthy discussion ensued and it was agreed it may be beneficial to have a single item meeting regarding this where all of the positives and negatives can be outlined and discussed.

The vote was deferred.

Resolved: the election update was noted.

10. Governors Strategy Sub-Committee Feedback

Governor Strategy Committee

Governors received an update from the Governor Strategy Committee noting that presentations had been received updating governors on the Local Care Trust and the Strategy Review. They also received an operational update.

Governors escalated concern around the work on the neighbourhood teams and requested that a presentation on this be brought to the next Council of Governors.

Resolved: Governors noted the update.

11. **Proposed resolution: that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted.**

12. **Non-Executive Director Remuneration**

Governors received a paper outlining the current remuneration structure for Non-Executive Directors which is £12,120 per annum with two additional awards for the Deputy Chair and Chair of Audit Committee. The paper also outlined the proposed remuneration of £13,000 per annum, which will bring Non-Executives in line with their peers across the country ensuring that as a Trust, we continue to attract non-executive directors with a broad range of skills which is vital for any effective Board.

If agreed the increased remuneration will be back dated to April 2021 and the cost implications will be absorbed as a Trust.

Governors unanimously voted in favour of the increase in remuneration for Non-Executives.

Resolved: Governors unanimously voted to increase Non-Executive remuneration to £13,000 per annum.

13. Any other business

None.

14. Next meeting

The next Council of Governors meeting will take place on the 11^h August 2022.

Title:	2022/23 Strategic Programme
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Meeting:	Council of Governors	Purpose	Assurance	<input type="checkbox"/>
Date:	11 th August 2022		Discussion	<input type="checkbox"/>
Exec Sponsor	Sharon Martin and Rae Wheatcroft		Decision	<input type="checkbox"/>

Summary:	<p>This paper provides a summary of the 2022/23 strategic programme of work and key milestones for the year.</p> <p>It describes an associated approach to the delivery of our strategy, and how we will identify, drive and deliver the organisation's top priorities.</p> <p>Finally it pooutlines a revised governance structure to oversee the Trusts Strategy, Digital, Transformation and Operational delivery.</p>
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Previously considered by:	Board of Directors
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Proposed Resolution	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the strategic programme for 2022/23 • Note the Transformational Priorities • Note the establishment of a Strategic Operations Sub Committee of the Board of Directors
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This issue impacts on the following Trust ambitions				
To provide safe, high quality and compassionate care to every person every time	✓	Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing	✓	
To be a great place to work, where all staff feel valued and can reach their full potential	✓	To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓	
To continue to use our resources wisely so that we can invest in and improve our services	✓	To develop partnerships that will improve services and support education, research and innovation	✓	

Prepared by:	<p>Rachel Noble, Deputy Director of Strategy</p> <p>Joanne Street, Director of Operations</p> <p>Francesca Dean, Head of Strategy and Planning</p>	Presented by:	<p>Sharon Martin, Director of Strategy, Digital & Transformation</p> <p>Rae Wheatcroft, Chief Operating Officer</p>
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1. Introduction

2022/23 will see the review, development and publication of a number of Trust corporate strategies and plans, including:

- Clinical Strategy
- Corporate Strategy
- Interim Digital Plan and Digital Strategy
- People Plan

The development of such a large volume of foundational corporate documentation requires careful planning, management and monitoring to ensure alignment and consistency of outcome and purpose. This paper describes the proposed oversight and accountability for delivery of this complex work programme.

Additionally, it sets out key milestones for the strategic programme over the next 12 months, and provides an update on process to identify, oversee and deliver on our top priorities.

2. Strategic programme benefits and expected outcomes

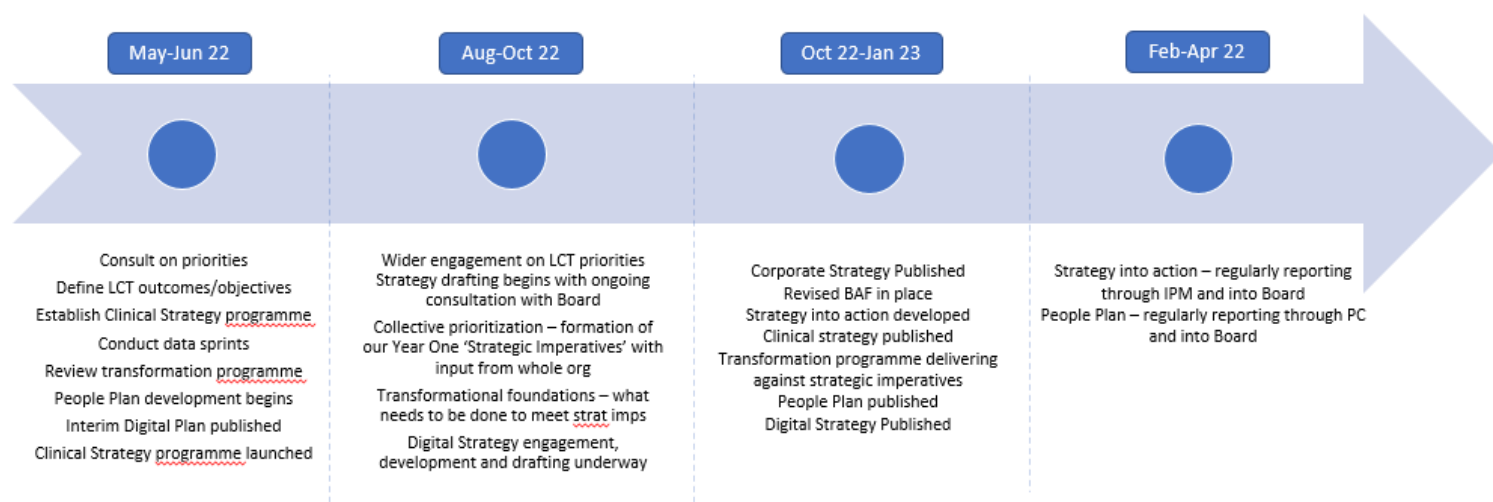
The expected outcomes of this programme is to create a simplified approach to strategy that is singularly focused on achieving our aspirations. Rather than setting high-level ambitions that feel distant to our staff, it will be rooted in the concept of strategic operations: that is, a strategic programme that is responsive to our population's needs, focused on delivery and improvement, and supported by a programme management-style delivery framework. It will go beyond the traditional approach of setting objectives and leaving delivery up to chance, and will instead break down our aspirations and objectives into prioritised, deliverable work programmes which are shared between clinical and corporate divisions. It will be clinically and operationally-led, will draw on our known risks and issues – both operational and strategic – ensuring that our efforts are focused on what is most important. In this way, the strategic work programme will lay the foundations for a future of delivery and improvement, where everyone knows our top priorities, and energy is focused on their achievement. Critically, it will provide a means of assuring the Board on our progress towards delivery of our top priorities, both strategic and operational.

This approach will create a shared sense of purpose across the organisation and true organisational ownership of the strategy. By empowering our teams to highlight their priorities and by collectively agreeing our focus, we will create an energy around delivery as we will be confident in the fact that we are pulling in the same direction.

Beyond this, and as the programme evolves into a new approach to delivery, there will be opportunities to align our capital plans to the delivery programme, giving us a longer term view of how and where we need to invest to maintain, improve and transform our services.

3. Strategic programme milestone plan

The below timeline provides a high-level view of the timescales for delivery of each of the documents in the strategic programme and it is proposed that this timeline is used to inform Board and associated Committee agendas:



4. Golden threads

The Corporate and Clinical Strategies, the People Plan and Digital Strategy encompass the vast majority of what we do as an organisation. They act as roadmaps and enablers to delivery, and together, they set our direction for the coming five years. In aligning their development, we have the opportunity to develop an underpinning programme of work that draws together the golden threads of what we do. In summary:

- Our Corporate Strategy sets our strategic vision and describes where we are going. It is naturally aspirational but rooted in the reality of what we do, and responsive to the population we serve. It is an important piece of the system jigsaw, and will be co-designed to reflect our part in the vision for Bolton
- Our Clinical Strategy will articulate our aspirations for the future, and how we will meet the growing demand for our services. It will describe transformational opportunities to do things differently, again, rooted in and responding to the needs of the people we serve. It will inform our future workforce and estates requirements
- Our People Plan sets out our vision for our workforce, specifically how we will attract, develop and retain a high-performing team that enables us to collectively achieve our vision
- Our Interim Digital Plan and Digital Strategy will describe the roadmap and our ambitions for digital transformation, improvement and delivery to ensure that we support our workforce to work to deliver safe, effective care

To ensure that our strategic documents are aligned in purpose and approach, and describe a cohesive programme to deliver against our ambitions, programme oversight will sit with the Strategy team and would be reported to the newly-established Strategic Operations Committee* which will be chaired by Becks Ganz:

**Details of the committee can be found in section 5.*

Document	Author(s)	Programme oversight	SRO	Committee oversight
Clinical Strategy	Clinical Specialities / Division Rayaz Chel Archus	Dr Sophie Kimber Craig Dr Harni Bharaj Angela Hansen Rachel Noble	Clinical lead Dr Francis Andrews and Tyrone Roberts SRO - Sharon Martin	Proposed to sit with Strategic Operations Committee
Corporate Strategy	Rachel Noble Francesca Dean	Rachel Noble	Sharon Martin	Proposed to sit with Strategic Operations Committee
Interim Digital Plan	Brett Walmsley	Sharon Martin	Sharon Martin	Proposed to sit with Strategic Operations Committee with input from Digital Performance & Transformation Board
Digital Strategy	Brett Walmsley Rachel Noble	Sharon Martin/Rachel Noble	Sharon Martin	Proposed to sit with Strategic Operations Committee with input from Digital Performance & Transformation Board
People Plan	Rachel Noble Jake Mairs Carol Sheard Francesca Dean	James Mawrey/Rachel Noble	James Mawrey	People Committee

With consistent oversight through the Strategy team, we will deliver a complimentary set of documentation which provides a unified vision for strategic delivery. This is likely also to be supported by a small, internal, programme group.

5. Governance

In January 2022, there was a realignment of committee meetings which oversee operational performance, transformation and digital performance. This resulted in the creation of the Executive-led Performance and Transformation Board, chaired by the Chief Operating Officer, and also the Digital Performance and Transformation Board, chaired by the Director of Strategy, Digital & Transformation. Their parent sub-Board of Directors committee was identified as Finance and Investment Committee; this decision was made based on an understanding of best fit, compared to Quality Assurance Committee and People Committee.

The operational Integrated Board Report, and the chairs reports from the Performance and Transformation Board and Digital Performance and Transformation Board, have

been going to Finance and Investment committee since March 2022. During this time, it has become clear that more time is needed for discussion and oversight of the Trust's operational performance and that greater Board oversight and scrutiny is required of the strategy, transformation and digital workstreams.

An options appraisal has been conducted and is summarised as below:

	Option	Pros	Cons
1	Do Nothing- maintain status quo with operational IPM Board report and both Performance and Transformation Board and Digital Performance and Transformation Board chairs reports coming to Finance and Investment Committee	<ul style="list-style-type: none"> No change required No additional burden on Executive Directors and Non-Executive Directors time 	<ul style="list-style-type: none"> Lack of congruence with existing Finance and Investment Committee Terms Of Reference Limited time for meaningful scrutiny within Finance and Investment agenda
2	Adapt Finance and Investment Committee TOR to reflect new role and responsibilities for overseeing performance and transformation	<ul style="list-style-type: none"> Clarifies expectations and responsibilities of Finance and Investment Committee members Formalises status quo 	<ul style="list-style-type: none"> Limited time for meaningful scrutiny within Finance and Investment agenda Impact on air time for other established Finance and Investment Committee agenda items
3	Performance and Transformation Board, Digital Performance and Transformation Board and operational IPM Board report go straight to Board Of Directors	<ul style="list-style-type: none"> No additional burden on Executive Directors and Non-Executive Directors time Returns Finance and Investment Committee to pre-March state 	<ul style="list-style-type: none"> Breadth and depth of scrutiny by Non-Executive Directors limited due to space on public Board Of Directors Lack of parity and alignment with other pillars of the IPM Framework
4	Establish an additional Sub-Board of Directors committee (Strategic Operations Committee) to oversee operational performance, digital performance, strategy and transformation	<ul style="list-style-type: none"> Parity and alignment with other pillars of IPM Framework Ensures Finance and Investment can focus on the Trusts financial position requirement for greater engagement and oversight of transformation 	<ul style="list-style-type: none"> Impact on Executive Directors and Non-Executive Directors time for membership at additional sub- Board Of Directors committee Requires alteration to Board Of Directors Terms of Reference

Option 4 was agreed as the preferred option by the Board at its meeting in July and a new Strategic Operations Committee has been established. Terms of reference for this committee are included at Appendix A.

6. Prioritisation and Delivery – Top 5

Through the pandemic, we saw the benefits of organisational efforts being focused on shared problem areas, and our new strategic programme will harness this approach.

The June Trust Management Committee session, and further Board Development session, built on this approach and saw each Division identify and pitch their top priorities, with senior colleagues from divisions and corporate directorates; voting for the issues they believed to be the most important. This approach, which engaged a wide range of stakeholders from across the Trust, along with external stakeholders,

has a positive impact on our workforce and increases the Trusts likelihood of identifying and delivering against its strategic ambitions. The tables in appendix B show that we have a clear set of shared high-level priorities that are categorised as must dos, transformational, and enabling.

Reflecting TMC and these service review sessions, the priority programmes have been identified as (not in priority order):

- System Transformation
- Children and Young People services
- Digital and Data
- People
- Operational plan and recovery programmes

Although work has already been undertaken/commenced with some of these programmes, these priorities, along with TMC identified priorities, are naturally high-level, so further work will be undertaken to describe:

- Current state (including baseline data) and the change we need to make
- The benefits we expect these priorities to realise (which will be tracked through the Trust's benefits realisation programme)
- The risks that will be resolved or mitigated by addressing these priorities
- Any cost associated with delivery
- Timescales for delivery
- High priority projects

This work will be led by the Director of Strategy, Digital & Transformation and the Chief Operating Officer and, once completed, priority programmes will be established, tracked and monitored through Strategic Operations Committee. For each project, deliverables will be set for each quarter and this '90-day delivery' model will be used to track and report progress up to the Board.

The table below summarises our initial priority programmes and provides a high-level summary of the work undertaken, or planned to be undertaken. The common change themes, as identified by TMC, are woven throughout. These themes include digital, improving access, business intelligence, workforce, prevention and collaboration.

The Council of Governors is asked to note that full work programmes, including clear mapping of anticipated benefits and '90-day delivery' priorities, will be developed in partnership with the divisions.

Table One

Priority	Prioritisation Theme	Current situation	Objectives/activities
System Transformation	Transformational	<p>Becoming a Local Care Trust is an opportunity to refocus on our population's health needs, review and improve pathways with social care services and build on other key relationships in the system - such as primary care and CVS etc. We will re-look at how we deliver our services to ensure that we are responding to the needs of our population. It's an opportunity to be truly transformational.</p> <p>The scale of the challenge, as a result of COVID and prior, requires us all to work together differently. Recovery is long term, so our approach must look beyond immediate operational planning. Social care and community services will play a key role in this work.</p>	<ul style="list-style-type: none"> • Establishment as a Local Care Trust; and supporting governance • System Workforce Transformation • Co-Production of Health and Care Services; <i>with a focus on supporting people to live well at home</i> • System Approach to Engaging with our Population • Health inequalities - <i>considered as part of service design and delivery; focusing on equitable access</i> • Place based, strength based and preventative care models • Clinical strategy development and vulnerable services review
Children and Young People Services	Transformational	<p>Children and Young People have been impacted in multiple ways by the pandemic, with associated risks to their mental and physical health, as well as their wider development. 1 in 6 young people now has a diagnosable mental health problem and considerable backlogs exist for physical health services. There is a risk that the inequalities gap for our</p>	<ul style="list-style-type: none"> • 0-19 service engagement programme • Family hubs • SEND and LD offer • Transition to adult services • Establish Bolton as a surgical elective Paediatric Hub for the North West sector in GM

		<p>Children and Young People will widen as a result of the pandemic.</p> <p>Prevention is key to the sustainability and future of services; along with future health of the population. Although prevention can be tackled at all stages in the patient journey, true prevention starts with our children and young people.</p>	
Digital and Data	Enabling	<p>Improving the way we use digital technology is essential to the modern health system.</p> <p>There is significant potential for the transformation of health care through better and widespread use of digital technologies. This includes a growing role for technology in supporting people to monitor and manage their own health and wellbeing. But the NHS has a poor track record when it comes to adopting digital technologies at scale.</p> <p>Patient data is not only vital for managing an individual's care, it also plays an important role in other ways: planning health services, improving diagnosis and treatment and evaluating the effectiveness of policy. These 'secondary uses' of data offer significant opportunities to improve care, especially if advances</p>	<ul style="list-style-type: none"> • New Interim Digital Plan followed by Digital Strategy • Digital patient journey • Invest in Robotics processes/AI systems • Upgrade or replacement of core clinical systems • Integrated records and systems; internally and externally • Data Quality, improving recording and education • Work with partners to deliver a strong locality intelligence service • Deliver easy and transparent self-service access to intelligence • Pioneer new data tools and techniques to enable better intelligence

		in technology and data analysis can be harnessed. Data quality is key to this.	
People/workforce	Enabling	<p>Workforce shortages across all staffing groups in the health and care system are putting NHS hospitals, mental health services, community providers and general practice under significant strain. These vacancies do not affect only clinical staff but also the roles required to keep the NHS running, including leaders and managers. Competing vacancies within GM for high demand areas is also a real issue.</p> <p>Unfilled vacancies increase the pressure on staff, leading to high levels of stress and absenteeism, and high staff turnover. The Covid-19 pandemic has also exacerbated long-term issues such as chronic excessive workload, burnout and inequalities experienced by staff from ethnic minority backgrounds. Workforce shortages are having a direct impact on the quality of people's care.</p>	<ul style="list-style-type: none"> • New People Plan • Diverse and inclusive workforce representative of population we serve • Workforce transformation to support changing landscape • Recruit and retain • Further develop leadership capability and lifelong education and professional development (talent management) • Establishment as a University hospital
Operational Plan and Recovery Programmes	Must Do	<p><u>Summary</u></p> <p>Although the programme is considered to be a must do in order to manage immediate pressures and keep patients safe, each theme below has a number of transformational elements</p>	<p><u>Summary</u></p> <p>N/A</p>

		<p><u>Operational Plan</u> The NHS Operational Planning and Contracting Guidance is an annual plan, with associated KPIs, that we are expected to deliver against as an NHS Trust. The 2022/23 priorities and operational planning guidance sets out our priorities for the year ahead.</p> <p><u>Urgent Care</u> The number of people attending the emergency department (ED) has increased by 40% over the past 15 years, alongside an overall reduction in the number of inpatient beds over the same period. This continued increase in demand, coupled with the quality and safety risks associated with long waits in ED, means that a truly transformational approach is required. We are under-performing against national standards, staff morale is low, associated with an exhausted workforce in a system that requires improvement and transformation, and there is poor patient experience associated with challenges across the urgent care delivery model.</p>	<p><u>Operational Plan</u></p> <ul style="list-style-type: none"> • Delivery against high priority targets • Alignment to GM targets, working as a 'GM system' • Incorporation of KPIs, and any supporting actions to deliver, into existing programmes of work/governance structures <p><u>Urgent Care</u> This programme will form an overarching urgent care transformation programme. The programme will span across AACD, ISCD, Primary care and Social care and work in collaboration with system stakeholders to improve urgent care provision. It includes projects such as:</p> <ul style="list-style-type: none"> • Neighbourhood risk stratification • System workforce transformation • Improving access, efficiency and integration through use of Digital • Development of an Urgent Treatment Centre (UTC) • Reconfiguration of the ED footprint • Same day emergency care (SDEC) <p><u>Elective Recovery</u> This is large scale, divisionally cross cutting, programme which looks at cancer, diagnostics, RTT, admitted and non-admitted pathways. Key projects include:</p> <ul style="list-style-type: none"> • Virtual activity • Advice and guidance • Well while you wait • Theatre estate expansion • Wider system and GM Partnerships • Digital solutions for waiting list management • Community Diagnostic Hubs
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		<p><u>Elective Recovery</u> Waiting lists the for NHS have reached a new high. Health inequalities and poorer outcomes for vulnerable groups have worsened during the pandemic. There are national workforce shortages of key staff groups, demand outstripping capacity and escalating problem with later diagnosis and treatment having impact in both the immediate and long term.</p> <p><u>Maternity</u> The Ockenden review has put a lens on maternity services across the country, with the preliminary report resulting in 7 essential actions and 147 individual actions for Trusts to comply with across two major themes; listening to families and transparent governance from floor to board. Health inequalities across maternity outcomes are significant in Bolton and with challenges across workforce this required immediate action</p>	<p><u>Maternity</u> There is a large scale maternity transformation underway with a key focus on:</p> <ul style="list-style-type: none"> • Compliance, evidence, assurance and actions against essential and individual actions from the Ockenden review • Personalised care planning • Workforce and alternative roles • Bespoke EPR (Electronic Patient Record) • Targeted interventions through use of data – (i.e. tommy's pathway)
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7. Outcomes

In order for us to know that we have been successful in our delivery we will co-develop a set of outcomes that reflects our strategic aims. Each outcome will include a set of measurable indicators to monitor our progress.

It is important to note the differences between outcomes and outputs - outcomes are ultimately where we want to get to, what we want to deliver and are a measure of change, while outputs are the actions and activities that will get us there. Examples of outcomes taken from the NHS Outcomes Framework are:

- Preventing people from dying prematurely (measures include Life expectancy at 75; one-year survival rate from breast, lung, and colorectal cancer; Neonatal mortality and stillbirths rate)
- Enhancing quality of life for people with long-term conditions (measures include % of people who feel supported to manage their long-term condition; unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s)
- Helping people to recover from episodes of ill health or following injury (measures include Proportion of patients with a hip fracture recovering to their previous levels of mobility at 30 days /120 days)
- Ensuring that people have a positive experience of care (measures include a variety of metrics taken from GP, out-of-hours, dental, inpatient, A&E etc services)
- Treating and caring for people in a safe environment and protecting them from avoidable harm (measures include deaths from VTE related events within 90 days of discharge)

Our work to develop outcomes will complement existing / developing frameworks in the locality including the Active Connected and Prosperous Framework and the Integrated Care Partnership outcomes, amongst others. The initial work to scope the areas of particular need has commenced, in the form of a data "sprint" (a multi-disciplinary event designed to gather intelligence, both qualitative and quantitative). Following this, the outcomes and their associated measures can be formed"

September TMC will see a focused session to define these outcomes.

8. Recommendations

This paper provides a summary of the 2022/23 strategic programme of work and key milestones for the year. It also describes an associated approach to the delivery of our strategy, and how we will identify and deliver the organisation's top priorities. Finally, it describes a revised governance structure to oversee the Trust's Strategy, Digital, Transformation and Operational delivery. The Council of Governors is asked to:

- Note the Strategic programme for 2022/23
- Note the identified transformational priorities and the proposal to develop a work programme around these priorities
- Note the establishment of a Strategic Operations Sub Committee of the Board

Appendix A - Strategic Operations Committee – DRAFT Terms of Reference

1. Authority

The Strategic Operations Committee is authorised by the Board of Directors (Board) to provide assurance on the operational performance and strategic planning functions of the Trust. In addition, it will provide oversight and assurance of the enabling digital and transformational work programmes.

2. Reporting Arrangements

The Committee will be accountable to the Board.

The minutes of Committee meetings shall be formally recorded by the Secretary. The Chair of the committee will issue a Chair's report to the Board and shall draw to the attention of the Board any issues that require disclosure to the full Board, or require action by the Trust Executive.

The Committee will refer to other Board governance committees, matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by other governance committees.

3. Main Duties and Responsibilities

- To oversee and provide assurance on the monthly operational Integrated Board Report
- To oversee performance against the Trust's strategic ambitions and objectives and ensure that the strategic programme is aligned and responsive to operational priorities
- To approve and monitor the transformation and digital plans, ensuring their ongoing alignment to operational priorities
- To provide assurance to the Board on the progress and delivery of transformational and digital projects and programmes
- To maintain an understanding of wider local and national strategic drivers, ambitions, targets and policies to ensure that BFT is responding to wider NHS challenges and priorities
- To receive the Chair's reports from the Performance & Transformation and Digital Performance & Transformation Boards and provide assurance to the Board of Directors on their work programmes

Performance

- To review the monthly Integrated Board Report and provide assurance to the Board on the operational performance of the Trust
- To understand organisational operational pressures, priorities and opportunities, and oversee the development and delivery of plans and programmes that support optimal operation performance
- Provide assurance to the Board on progress towards delivery of annual operational planning targets
- Provide assurance to the Board on organisational resilience

Strategy

- To oversee the development and delivery of the corporate strategy, and the deployment of the annual strategic business plan
- To receive a quarterly performance report on progress against strategic ambitions and objectives as described in the strategic business plan
- Oversee the continued evolution of the corporate strategy to ensure a focus on future operational resilience
- To oversee the development and deployment of the Trust's clinical strategy

Digital

- To review and approve the Digital Plan, and associated annual digital business plans
- To receive quarterly updates on delivery against the Digital Plan
- To provide scrutiny of strategic or transformational digital business cases
- To ensure that digital priorities and activities are aligned to operational risks and priorities
- To oversee the development and delivery of the 5 year digital strategy

Transformation

- To review and approve divisional and corporate transformation plans
- To receive monthly updates on progress and delivery of transformational priorities
- To ensure the ongoing alignment of transformation plans with operational priorities
- To oversee programmes of organisational transformation including the transformation to an LCT

4. Membership

- Three Non-Executive Directors, with one of this number to act as Chair of the Committee
- Chief Operating Officer
- Director of Strategy, Digital & Transformation
- Director of People
- Chief Nurse / Medical Director

In attendance:

- Director of Operations
- Deputy Director of Strategy
- Chief Data Officer
- Director of Digital
- Associate Director of Organisational Development
- Deputy Director of Finance

5. Chair

The Committee is chaired by a non-executive director as appointed by the Chair of the Board of Directors. In the absence of the committee chair another non-executive will chair.

6. Frequency of Meetings

Monthly

7. Quorum

At least three members; one of whom must be the Chief Operating Officer (or Director of Operations – if deputising), one of whom must be the Director of Strategy, Digital & Transformation (or the Deputy Director of Strategy – if deputising) and one of whom must be a Non-Executive Director.

8. Attendance

If a member fails to attend two consecutive meetings the Chair of the committee will speak to the individual. The Chair will also be required to act if they feel that lack of attendance has not enabled adequate discussion or decision-making.

10. Agenda and Papers

An agenda for each meeting, together with relevant papers, will be forwarded to committee members to arrive no later than 4 working days before the meeting.

11. Standard Agenda Items

- Integrated Performance Report
- Minutes and actions from the Performance & Transformation Board
- Minutes and actions from the Digital Performance & Transformation Board
- Divisional Transformation plan
- Quarterly review of strategic objectives

12. Organisation

The Committee will be supported by a member of the Executive secretariat, whose duties in this respect will include:

Organisation of the agenda in consultation with the Chief Operating Officer, the Director of Strategy, Digital & Transformation and Chair if necessary, attendees and collation of papers

Taking the minutes and keeping a record of matters arising and issues to be carried forwards

Minutes of the meeting will be approved by the committee members.

13. Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its annual work plan which will go to the Board for review.

14. Review of Terms of Reference

These Terms of Reference will be reviewed at least annually.

Appendix – Top 5 TMC priorities

Must Do- Top 5

Area	Priority description
People	Recruit and retain
ICSD	Cross divisional ICP collaboration and co-production to support people to live well at home
AACD	Preventing harm
IT	Upgrade or replacement of core clinical systems
BI & Coding	Data Quality, improving recording and education

Transformational- Top 5

Area	Priority description
People	Diverse and inclusive workforce representative of the population we serve
FCD	Integration of children's services
IT	Invest in Robotics processes/AI systems and re skilling admin/clerical workforce to support demand services
ASSD	Expanding our services
DSSD	Digital maturity (covers all 3 points)

Enabling- Top 5

Area	Priority description
IT	Upgrade or replacement of core clinical systems
BI & Coding	Data Quality, improving recording and education
DSSD	Digital maturity
People	Engaged, healthy and motivated workforce
iFM	Combine capital and estates departments